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**Patents**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>Inventor:</b> Bush, Aaron  <b>Title:</b> Null Magnetic Field Simulator for Treatment of Medical Conditions  <b>Ser. No. or Reg. No.:</b> 10/779,354  <b>Filing Date or Issue Date:</b> 2/14/04	<b>Date of Deposit:</b> October 4, 2004  I hereby certify that this paper or fee is being deposited with the United States Postal Service first class, pre-paid mail in accordance with 37 CFR 1.8 on the date indicated above and is addressed to the Assistant Commissioner for Patent, PO Box 1450, Alexandria, VA 22313-1450  <b>Name:</b> JoAnne M. Denison  <b>Signature:</b> <u>JoAnne Denison</u>
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**To:** The Assistant Commissioner for Patents  
PO Box 1450,  
Alexandria, VA 22313-1450

**CHANGE OF ADDRESS**  
**FOR REGISTERED PATENTS AND PENDING PATENT APPLICATION**  
This is to notify you that the following information has changed for the attorney and law firm of record for the above file: --PLEASE NOTE ONLY THE SUITE HAS CHANGED, ALL OTHER INFORMATION REMAINS THE SAME!!!!

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Please make a notation in your records. Do not hesitate to contact our offices if you are in need of additional information.

Respectfully Submitted,  
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